$\mathsf{Form}\, 990$

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

OMB No 1545-0047

Department of the Treasury	Do not enter social security number
Internal Revenue Service	Co to youry ire gov/Earm990 for

bers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018	
Open to Public Inspection	

<u> </u>	ð∾th	e 2018 calendar year, or tax year beginning APR 1, 2018 and endi	ing M	AR 31, 2019	
3 c	heck if	C Name of organization		D Employer identific	cation number
Γ_	Addre	community emergency service, inc.		•	
\vdash	Name	CEC INC		41-1	728341
$\overline{}$	Initial	No. of the second state of the D.O. hour family and delivered to street address.)	m/suite	E Telephone number	
\equiv	Final	1000 11mu AVENTIE COTTMU	,	•	870-1125
	return- termır ated			G Gross receipts \$	2,629,166.
	Amen	ded MINITED DOTTO MILE EE 40.4		H(a) Is this a group re	
	Appli			for subordinates	
	pendi	1900 11TH AVENUE SOUTH, MINNEAPOLIS, MN	5.54	H(b) Are all subordinates in	
1 1	ax-ex	empt status	52%	• •	list (see instructions)
		te: ► WWW.CESMN.ORG	UJ	H(c) Group exemption	
			L Year o		State of legal domicile MN
	art I	Summary	• 1	-1/4 -	
	1	Briefly describe the organization's mission or most significant activities PROVIDE	E DI	RECT SERVIC	E TO ASSIST
Governance	'	PEOPLE IN MEETING BASIC PHYSICAL, EMOTIONAL			
'n	2	Check this box if the organization discontinued its operations or disposed of			
Σ	3	Number of voting members of the governing body (Part VI, line 1a)	•	. 3	13
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
ν V	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	26
ij	6	Total number of volunteers (estimate if necessary)		6	9100
Activities &	l	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	l	Net unrelated business taxable income from Form 990-T, line 38		. 7b	0.
		•		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1	1,846,527.	2,118,721.
	9	Program service revenue (Part VIII, line 2g)	_	572,140.	506,729.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	2,082.	3,716.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	· . 0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,2,420,749.	2,629,166.
	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.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	•	654,051.	647,553.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 237,072.	• 1431 1131111	11011 1000 1 1	* * · · · · · · · · · · · · · · · · · ·
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	389,771.	412,523.
	18	Total expenses Add lines 13-17 (must equal Partux column (A) time 25)		2,531,478.	<u>2,625,175.</u>
		Revenue less expenses Subtract line 18 rom-line 12		-110,729.	3,991.
Fund Balances			Beg	inning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)		1,297,733.	1,290,910.
g		Total liabilities (Part X, line 26)		89,398.	<u>78,584.</u>
		Net assets or fund balances Subtract line 21 from line 20- N LIT -		1,208,335.	1,212,326.
	rt II	Signature Block	8		
		illies of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
ue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	<u> </u>
		To senting of attention	• •		9
igr	1	Signature of officer	•	Date	
ler	е	MIKE LLOYD, EXECUTIVE DIRECTOR Type or print name and title			
			(le I D	ate Check	PTIN
		Print/Type preparer's name Penarer's signature alda.	_	i	-
aıd		NANCY WALDACK NANCY WALDACK	U	8/14/19 self-employe	
	arer	Firm's name SMITH, SCHAFER & ASSOCIATES, LTD.		Firm's EIN	41-1489071
se	Only	Firm's address 7500 HIGHWAY 55, SUITE 350		Dhaar 0.E.	2 220 1455
		MINNEAPOLIS, FM 55427		Phone no 95.	2-920-1455
		RS discuss this return with the preparer shown above? (see instructions)			Yes No
3200	12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2018)

Form **990** (2018)

Form	990 (2018) COMMUNITY EMERGENCY SERVICE, INC.	<u>41-1728341</u>	Page 2
	t 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 SER	VICE TRANSFORM	S
	LIVES BY SERVING NEIGHBORS, SHARING RESOURCES AND BEC		
	A PLACE WHERE PEOPLE COME HUNGRY AND LEAVE HOPEFUL.	OMING COIMIGNIE	
	A PHACE WHERE PEOPLE COME HONGRY AND HEAVE HOTEL OF.		
	Did the second s		
2	Did the organization undertake any significant program services during the year which were not listed on the	X Yes	N
	prior Form 990 or 990-EZ?	LA_ res	INO
	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces/Yes	NO LAL
_	If "Yes," describe these changes on Schedule O		_
	Describe the organization's program service accomplishments for each of its three largest program service		
	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.) (· · · · · · · · · · · · · · · · · · ·)
	FOOD SHELF: CES SERVES SOUTH, SOUTHEAST AND NORTH MIN		<u>A</u>
	SPECIAL FOCUS ON THE HISTORICALLY CHALLENGED PHILLIPS		
	WHICH IS WHERE WE MAKE OUR HOME. DURING FISCAL YEAR 2		
	123,500 CLIENT ASSISTS AND DISTRIBUTED OVER 715,000 P		IT
	TAKES AROUND 2,200 VOLUNTEERS TO ASSIST THE FOOD SHEL		
	EQUALING OVER 6,550 HOURS OF SERVICE. OUR FOOD PROGRA	M INCLUDES AID)
	FROM OUR CLIENT CHOICE FOOD SHELF FOR RECIPIENTS ONE	TIME A MONTH,	
	SPECIAL FOOD ASSISTANCE FOR THE EAST AFRICAN IMMIGRAN	T AND REFUGEE	
	COMMUNITY, BONUS FRIDAY FOOD DISTRIBUTION, FOOD BOXES	THROUGH THE N	APS
	PROGRAM, OTHER SPECIAL DISTRIBUTIONS THROUGHOUT THE Y	EAR AND LIMITE	D
	FINANCIAL AID TO INDIVIDUALS FOR EMERGENCY ASSISTANCE	AFTER AN	
	EXTENSIVE INTERVIEW PROCESS. BONUS FRIDAY DISTRIBUTI	ON PROVIDES WE	EKLY
4b	(Code) (Expenses \$ 172,427. including grants of \$125,208.)	Revenue \$)
	HOME DELIVERY: CES DELIVERS FREE GROCERIES FROM ITS F	OOD 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 TH	EM TO RECIPIEN	TS
	ON A SPECIFIED DAY, PROVIDING FREE NUTRITIOUS FOOD AL	ONG WITH A	
	FRIENDLY VISIT BY VOLUNTEERS. ALTOGETHER, IT TAKES AR	OUND 1,100	
	VOLUNTEERS TO TAKE AND FILL THE ORDERS, PACK, DELIVER	AND SERVE THE	
	FOOD. THIS EQUALS OVER 2,500 VOLUNTEER HOURS OF SERVI	CE. THE RECIPI	ENTS
	RECEIVE 30-35 POUNDS OF FOOD AND HYGIENE ONCE A MONTH		AT,
	EGGS AND DAIRY PRODUCTS, AS WELL AS ADDITIONAL FRESH		
	CURRENTLY, HOME DELIVERY PROVIDES DELIVERIES OF GROCE	RIES TO AROUND	320
	HOMEBOUND SENIORS AND ADULTS WITH DISABILITIES EACH M	ONTH, WITH AN	
	(Code) (Expenses \$ 648,029. including grants of \$ 453,879.) (F		140.)
	MOW: THE LARGEST MEALS ON WHEELS (MOW) PROGRAM IN MIN	NESOTA, DELIVE	RS A
	DAILY HOT MEAL, FRIENDLY SMILE AND WELLNESS CHECK TO	NEARLY 300	
	HOMEBOUND SENIORS AND DISABLED ADULTS. THE PURPOSE IS	TO ASSIST PEO	PLE
	TO LIVE IN THEIR HOMES RATHER THAN INSTITUTIONS, PROV	IDING THEM A	
		OVERNMENT SOCI	AL
	A	FERS MORE	
	SCHEDULING FLEXIBILITY TO OUR MORE ACTIVE RECIPIENTS.	ANI-MEALS IS	A
	FREE FOOD DISTRIBUTION FOR 165+ COMPANION ANIMALS OF		
	AND DISABLED CLIENTS WITH THE HELP OF 220 VOLUNTEERS		
		LIENT FOREGO	
	SIGNIFICANT PORTIONS OF THEIR FOOD TO FEED THEIR COMP		RING
	FISCAL YEAR 2019, THERE WERE ALMOST 80,000 MEALS SERV		
	Other program services (Describe in Schedule O)		
		١	
40	(Expenses \$ including grants of \$) (Revenue \$		

41-1728341 Page **3**

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	* If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	and the contract of the	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	3		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		٠.	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	444		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	i	Х
)O-	complete Schedule G, Part III	19		X
	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?	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	- the second sec			

Form 990 (2018) COMMUNITY EMERGENCY SERVICE, INC.

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	22	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	23		х
24 a	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	24a		Х
h	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
h	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	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		į	
	complete Schedule L, Part II	26	'	х
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	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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		Х
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	33		Х
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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
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	36		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	37		<u>X</u> _
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	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,	
	(gambling) winnings to prize winners?	1c	Х	
	40.4	Form	990 (2018)

2018) COMMUNITY EMERGENCY SERVICE, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

	•		(-terrology)-eleger	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			6 S	
	filed for the calendar year ending with or within the year covered by this return	2a 20	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	ο '	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				. 2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7 <u>a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c	•	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- (1. <u>(1.</u>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		/ W// 5500
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the		2796	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	3 577.	***************************************
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	· !			
а	Gross income from members or shareholders	11a		\$ (**)	7
b	Gross income from other sources (Do not net amounts due or paid to other sources against			524	
	amounts due or received from them)	11b	<u> </u>		MA
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	 	. , 7,209
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b		* *	43
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 100	\$ 6m/c	13,02
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		7-2-52B
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization is licensed to issue qualified health plans	13b		75	
	Enter the amount of reserves on hand		*******************	Man Al	079 3
	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a	\longmapsto	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b	$\vdash \vdash$	<u> </u>
15 `	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			17
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16	مَنْ شَوْرَ رَوْرِ رَ	X
	If "Yes," complete Form 4720, Schedule O	·		<u>>\$78 ∧</u> . OOO	(2010)
			Form	1 990 ((2018)

Form 990 (2018)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			\mathbf{x}
	Check if Schedule O contains a response or note to any line in this Part VI			لما
Sec	tion A. Governing Body and Management			
		73 100 100	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			23.5%
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			,
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	11/4		<u>~~~</u>
-	officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	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		X
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			
	more members of the governing body?	7a	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?	7b	, ,	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<u> </u>	أتكسيه
а	The governing body?	8a	<u>X</u> _	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b_	<u>X</u>	-
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			r
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u> {/}\$**	. ^ 2**
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	S. C. ASSILLAND		ن يُصف د
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	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		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X ልነትንን .	() /)
15	Did the process for determining compensation of the following persons include a review and approval by independent			1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		*>-5-545-1,	تستند
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	—
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	نغث		
_	taxable entity during the year?	16a		X 7%
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		Sala 3	2.0
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401	. <u>* * * * * *</u>	اعتشم
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled MN Section 5104 year year on account to the Form 1023 (1034 or 1034 A franchistal Section 501(c)/3)	e only)	availa	
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) for public representation legislated how you made those available. Check all that apply	o orny)	avalla	
	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)			
40		l financ	ופור	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iii idill	ıal.	
20	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 CITEXE ANDER CON _ 612 - 870 - 1125			
	STEVE ANDERSON - 612-870-1125 1900 11TH AVENUE SOUTH MINNEAPOLIS MN 55404			

1	1 _ 1	1 7	72	23	41	Page 7	

8)	
	Я١

COMMUNITY EMERGENCY SERVICE, INC.

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 a	ny line in this Part VI

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 organiz		orga	nıza			nper	nsa	1		
(A)		(B) (C) Position (do not check more than one box, unless person is both an officer and a director/frustee)				,		(D)	(E)	(F)
Name and Title	1					than		Reportable	Reportable	Estimated amount of
	nours per week							compensation	compensation from related	other
	(list any	cto						the	organizations	compensation
	hours for	r dire				뎚	ŀ	organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		۱.,	Suac		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ptoye	5 a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			organizations
(1) ANNE CARLSON	2.00	=	ū	ō	<u>×</u>	호칭	-			
MEMBER		х						0.	0.	0.
(2) JOAN MACLIN	2.00									
CHAIR		X		Х				0.	0.	0.
(3) LINDA BERG	2.00									
MEMBER		Х						0.	0.	0.
(4) J. PAUL CARLSON	2.00								_	_
MEMBER		X			ļ	ļ		0.	0.	0.
(5) JOHN KINGERY	2.00									
VICE CHAIR		X		X	ļ	ļ	ļ	0.	0.	0.
(6) JOE CLIFFORD	2.00									
MEMBER	45.00	X						0.	0.	0.
(7) MIKE LLOYD	45.00	1,,		v				01 600	0.	_
EXECUTIVE DIRECTOR		X		X				91,600.	<u>U •</u>	0.
(8) PASTOR BILL RUSSELL	2.00	x						0.	0.	0.
MEMBER	2.00	Δ.						0.	0.	<u> </u>
(9) STEVE ANDERSON	2.00	X		х				0.	0.	0.
TREASURER (10) RYAN HANSEN	2.00	1		71					<u> </u>	
MEMBER	2.00	x						0.	0.	0.
(11) RICHARD WISLAND	2.00									
MEMBER		X						0.	0.	0.
(12) KANDE NGALAMULUME	2.00									
MEMBER		X						_0.	0.	0.
(13) DAN O'KEEFE	2.00							_ [_
MEMBER		Х						0.	0.	_0.
(14) KATIE SCHOEPPNER	2.00								•	•
MEMBER	0.00	Х					_	0.	0.	0.
(15) BRIAN WOHLRABE	2.00	,,							0	0
MEMBER		X						0.		0.
										Form 990 (2018)

Par	T VII Section A. Officers, Directors, Trus (A)	tees, Key Em	ploy	ees		<u>d Hi</u> C)	ghe	st C	Compensated Employe (D)	es (continued) (E)		(F)	
	Name and title	Average	(do		Pos	ition	1 than	one	Reportable	Reportable		Estima	
•		hours per week	box	, unle	ss pe	erson	is bot	h an	compensation	compensation from related		amoun	
		(list any	ector						the	organizations	c	ompens	
		hours for related	e or dir	tee			sated		organization (W-2/1099-MISC)	(W-2/1099 MISC)		from ti organiza	
		organizations	I truste	nal trus		oyee	ошреп		(** 27 1000 141100)			and rela	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Гогтег			C	organiza	tions
		,	=_	트	0	×	Ξä	<u> </u>			+		
											_		
				-						<u> </u>			
			<u> </u>	ļ		ļ	,	<u> </u>					
-													
			ļ										
										_	\top		
			ļ										
									-		\top		
			L			L		Ļ	01 600				
	Sub-total Total from continuation sheets to Part V	I Section A						>	91,600.	0			<u>0.</u>
	Total (add lines 1b and 1c)	i, Section A							91,600.				0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wh	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization									· · · · ·	—	Yes	O No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s				•					-		3	Х
4	For any individual listed on line 1a, is the su									the organization	_	_	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for services	-	,	1
	rendered to the organization? If "Yes," com											5	X
-	tion B. Independent Contractors									*			
1	Complete this table for your five highest co the organization Report compensation for										nsatio	n trom	
	(A)				· · · · ·		<u> </u>		(B)			(C)	
	Name and business	address	N	NE	<u> </u>			_	Description of s	ervices	Com	pensati	on
	Maria de Caración			_		-							
	<u> </u>			_									
								_					
2	Total number of independent contractors (i	ncluding but n	ot lır	nıte	d to	tho	se lis	sted	d above) who received m	ore than			
	\$100,000 of compensation from the organic	zation 🕨				(<u>) </u>					000	

,		Check if Schedule O cont	ains a response	or note to any lii						
					(A Total re) venue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
ts	1 a	Federated campaigns	1a						State of the State	
Grants mounts		Membership dues	1b	ند	Control of the second				753. V 75. P 75.	
ñ,G		: Fundraising events	1c							
iifts ar A	,	Related organizations	1d	4						
s, G	-	Government grants (contribut		-			200			
ion Si	f	All other contributions, gifts, gran								
out		similar amounts not included abo		118,721.						
ıtri O		Noncash contributions included in lines		201,402.						
Contributions, Gifts, and Other Similar Ar	_	Total, Add lines 1a-1f			2,118	,721.		Zanaka de Centralia de Calendario de Calendario de Calendario de Calendario de Calendario de Calendario de Cal	Maria	
			-	Business Code						
è	2 a	MEAL REIMBURSEM	IENTS	900099	506	,729.	506,729.			
e Ķ	t									
Se	c					6				
Program Service Revenue	c	i		· ·					·	
igo.	e	•								
<u>q</u>	f	All other program service reve	enue				AND A DESCRIPTION OF SUM STAFF VA. O	THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE	(A	
	9	Total. Add lines 2a-2f			506	<u>,729.</u>			2,000	
	3	Investment income (including	dividends, intere	est, and			a-			
		other similar amounts)		>	3	<u>,716.</u>	,	<u>'</u>	3,716.	
	4	Income from investment of ta	x-exempt bond p	roceeds >				•		
	5	Royalties			+34*35%50m4/30%50		NO STANDANTON PARACONA			
			(ı) Real	(II) Personal						
		Gross rents .								
	t	Less rental expenses							100	
		: Rental income or (loss)		<u> </u>			2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
		Net rental income or (loss)		() ()	WATER ACTION	(2.58 M) (1)	1207. MW324. 477. 120			
	7 a	Gross amount from sales of	(i) Securities	(II) Other						
		assets other than inventory						AL S		
	· E	Less cost or other basis					4.5			
		and sales expenses								
.		Gain or (loss)		<u> </u>						
		Net gain or (loss)Gross income from fundraising	a ovente (not		Mark Carl	V.AMM				
ے ا	0 0	including \$	of							
Ş.	•	contributions reported on line	1c) See							
Other Rever		Part IV, line 18	а							
the l	H	Less direct expenses	b							
Ò		: Net income or (loss) from fund	draising events	•						
		Gross income from gaming ac	_		54. S. H.		20 英生, 美	, c	7.00	
	•	Part IV, line 19	, ,, a	,	MINITES IN			น้ำแบบเป็นเป็นสิ่งสิ่งยังแกกเป็นกับอังกับสิ่งก็สิ่ง	e a communitation in the co	
•	b	Less direct expenses	b		75 N.S.				Topogram in the second	
`		Net income or (loss) from gam	ing activities							
.	10 a	Gross sales of inventory, less	returns	` ,		Outris of				
		and allowances	` a		1-2					
	b	Less cost of goods sold	b				33.5			
ļ	С	Net income or (loss) from sale		<u> </u>					DIVING CARLOWS PROVINCES AF \$75.00	
		Miscellaneous Revenu	e ⁻	Business Code			<u> </u>			
	11 a								<u> </u>	
	b						<u>, , , , , , , , , , , , , , , , , , , </u>			
_[c						. —			
	d	All other revenue		·		_	ESCHWARTSEKA CZAN		CONTRACTOR OF THE SECOND	
		Total. Add lines 11a-11d		>	2 600	1.00	FOC 300		2 716	
	12	Total revenue See instructions		▶.	2,629,	<u>. 100 •</u>	506,729.	0.	<u>,3,716.</u>	

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

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		ompicte column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	•			YAT YAYEE
2	Grants and other assistance to domestic				
	ındıvıduals 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			\$6000 Per 2005	
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)	F06 610	246 741	00 360	140 500
7	Other salaries and wages	586,612.	346,741.	99,369.	140,502.
8	Pension plan accruals and contributions (include	0 705	3,828.	2,241.	2,636.
_	section 401(k) and 403(b) employer contributions)	8,705.	3,040.	<u> </u>	. 4,030.
9	Other employee benefits Payroll taxes	52,236.	30,678.	9,087.	12,471.
10 11	Fees for services (non-employees)	32,230.	30,070.	<i>3,001.</i>	¥ 12, 4, 11.
ı, a	Management (Horremployees)	1			**
b	Legal				15
c	Accounting	68,026.	23,642.	30,838.	13,546.
d	Lobbying	<u> </u>			
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	60,938.	56,064.	3,046.	1,828.
22	Depreciation, depletion, and amortization	31,815.	24,379.	6,309.	1,127.
23	Other expenses, Itamiza expenses not envered	31,013.		0,303.	
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	HEALTH AND LIFE INSURAN	45,298.	20,004.	3,824.	21,470.
a b	SUPPLIES THE TRANSPORTER	32,962.	32,762.	200.	0.
c	COMMUNITY SERVICE	30,679.	29,002.	116.	1,561.
d	REPAIRS AND MAINTENANCE	14,336.	14,269.	20.	47.
	All other expenses	30,298.	18,453.	3,828.	8,017.
25	Total functional expenses 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)				
					Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 250,096. 220,916. Cash - non-interest-bearing 113,859. 212,605. Savings and temporary cash investments 2 11,874. 3 21,874. Pledges and grants receivable, net 3 82,280. 61,650 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 Assets 36,064. 46,703. 7 Notes and loans receivable, net 52,782. 58,404. Inventories for sale or use 8 <u>7,167.</u> 10,816. 9 9 . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,030,238 1<u>0a</u> basis Complete Part VI of Schedule D 723,701. 677,852. 10b 352,386. b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,297,733. ,290,910. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 . 78,584. 89,398. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 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 398 78,584 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Balances 1,168,171 1,160,565. 27 Unrestricted net assets 40,164. 51,761. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here 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 32 Retained earnings, endowment, accumulated income, or other funds 212,326. ,208,335 Total net assets or fund balances 33

297,733.

34

Total liabilities and net assets/fund balances

Form	990 (2018) COMMUNITY EMERGENCY SERVICE, INC.	41-1	<u>/28341</u>	Pag	<u>le 12</u>
Pa	rt 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	<u>2,629</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,625	5,1°	<u>75.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,208	3,3	<u>35.</u>
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	2,3	<u> 26.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No_
1	Accounting method used to prepare the Form 990		_		ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both			1	}
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			1
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		-		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
	•		Form 9	9 90 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 41-1728341 COMMUNITY EMERGENCY SERVICE, Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization lister (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

(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)

Sec	Section A. Public Support									
Cale	ndar 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 organ-				•					
	ization'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			7,97						
	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)	2				A CONTRACTOR	1,740,480.			
	Public support. Subtract line 5 from line 4						7,910,928.			
Sec	ction B. Total Support	·								
	ndar 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	,			v.					
	securities loans, rents, royalties,	, , , ,					10.000			
	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)	Detro-conservation of		CF4-757-757-757-757-757-757-757-757-757-75		Secretary Co.				
	Total support. Add lines 7 through 10						9,664,238.			
	Gross receipts from related activities,					12				
13	First five years. If the Form 990 is for	- •	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. □			
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2018 (I			olumn (fl)		14 '	81.86 %			
	Public support percentage from 2017		•	olalilii (i <i>)j</i>		15	90.15 - %			
	33 1/3% support test - 2018. If the c			line 13, and line	ا 14 is 33 1/3% or m					
ioa	stop here. The organization qualifies				, , , , , , , , , , , , , , , , , , , ,		▶ X			
h	33 1/3% support test - 2017. If the c				line 15 is 33 1/3%	or more, check th				
	and stop here. The organization qual	•					▶□			
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b. a	and line 14 is 10%	or more.			
	and if the organization meets the "fac									
	meets the "facts and-circumstances"						▶□			
h	10% -facts-and-circumstances tes					7a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the "facts-and-circ						ightharpoons			
18	Private foundation. If the organization						s ▶ □			
				<u>,,, ,,</u>		1.1.4./5	222 571 2242			

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 (f) Totál Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add tines 9, 10c, 11, and 12) 14 First five years. If the Form 990 s 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 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2017 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more that 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%, check this box and stop here. The organization qualifies as a publicly supported organization 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

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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Sobo	dule A (Form 990 or 990-EZ) 2018 COMMUNITY EMERGENCY SERVICE, INC.	41-172834	1 P:	ane 5
	Supporting Organizations (continued)	11 1/2001		<u> 1900</u>
7 m 8 m m			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		, , , ,	743
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- × 2	337
ы	below, the governing body of a supported organization?	11a		19965196
	A family member of a person described in (a) above?	11b	i	
	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.	11c		
	tion B. Type I Supporting Organizations			
000	tion B. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		:303	27.27
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			387
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	200	1 36 2 7 2 8 5	72,3
	controlled the organization's activities if the organization had more than one supported organization,			TIE TE
	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	1		713550354
^	Did the organization operate for the benefit of any supported organization other than the supported		1 - 2)2	3873
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			75
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2.4	
	supervised, or controlled the supporting organization	2	1	A. C. C. C.
Soc	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		5.12.78 7.12.78	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	`		¥ 32.7	
	or management of the supporting organization was vested in the same persons that controlled or managed	*****	<u></u>	72660
Sec	the supported organization(s) tion D. All Type III Supporting Organizations			
566	tion B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		·*C	3020
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		15 to 10 to	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		変いな	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	496795525	2000 said
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		2 6 3	2000
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		- 1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	مشمسط	مناسبة المناعظة
3	By reason of the relationship described in (2), did the organization's supported organizations have a		T. 20	7657
3	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		37 37 3	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee insti	ructions)		-
a	The organization satisfied the Activities Test Complete line 2 below	1 400,0110,1		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity	v (see instructions	:)	
C	Activities Test Answer (a) and (b) below.	1000 1110111111111111111111111111111111	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		: 3 TO	4570
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Parks,	
	the supported organization(s) to which the organization was responsive it. Tes, then in Part Violentity those supported organizations and explain how these activities directly furthered their exempt purposes,		77,	
	how the organization was responsive to those supported organizations, and how the organization determined	5.7		
•		2a	والمحافظة المنتد	200000
	that these activities constituted substantially all of its activities	24 STAN	-39	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	7.50° E
	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	30 market 1/4 /	الفشتنتين	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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activities but for the organization's involvement

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

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

Scho	edule A (Form 990 or 990-EZ) 2018 COMMUNITY EMERGENCY SER	VICE	TNC 4	, 1-1728341 <u>Page 6</u>
	Type III Non-Functionally Integrated 509(a)(3) Supporting			1 1720541 ragoo
1	• Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI) See instructions. Al
•	other Type III non-functionally integrated supporting organizations must co	-	•	,
Sect	ion 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		ı	
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		,
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	77.72		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			•
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u>. </u>
Sect	ion C - Distributable Amount	<i>-</i>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	a 1961 1969 1968 1968 1969 1969 1969 1969	
2	Enter 85% of line 1	2	4000000000000000000000000000000000000	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990 or 990-EZ) 2018

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Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Che Par	dule A (Form 990 or 990-EZ) 2018 COMMUNITY EME Type III Non-Functionally Integrated 509	RGENCY SERVICE (a)(3) Supporting Orga	, INC. 4	1-1728341 Page 7
	on D - Distributions	(a)(o) capporting orga	inizations (continues)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt ourposes		
2.	Amounts paid to perform activity that directly furthers exemp			-
~	organizations, in excess of income from activity	от разрама от отранна	:	
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			· - · · · · · · · · · · · · · · · · · ·
6	Other distributions (describe in Part VI) See instructions	**		
7	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which the	he organization is responsive		
Ū	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2018 from Section C, line 6			·
10	Line 8 amount divided by line 9 amount	······		
	ion E - Distribution Allocations (see instructions)	(ı) 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 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
ı	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			75°D
b	Applied to 2018 distributable amount			Transcorrection of the contract of the contrac
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if		0	
	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	i E de la		Description of the control of the co
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			Page 1
8	Breakdown of line 7	7. A		
а	Excess from 2014			EDIA.
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 COMMUNITY EMERGENCY SERVICE, INC. 41-1/28341 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)
	(See instructions)
	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	COMMUNITY EMERGENO				41-1/28341
Pa	t I Organizations Maintaining Donor Advis	ed Funds o	or Other Similar Fund	ds or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, II				
		(a) D	onor advised funds	(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)			<u> </u>	
3	Aggregate value of grants from (during year)				- <u>-</u> -
4	Aggregate value at end of year			<u> </u>	
5	Did the organization inform all donors and donor advisors in	writing that t	he assets held in donor adv	vised funds	
	are the organization's property, subject to the organization's	s exclusive leç	gal control?		Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in wi	riting that grant funds can b	e used only	y
	for charitable purposes and not for the benefit of the donor	or donor advi	sor, or for any other purpos	se conferrin	g
	impermissible private benefit?				Yes No
Pa	t II Conservation Easements. Complete if the o	rganization an	swered "Yes" on Form 990	, Part IV, Iir	ne 7
1	Purpose(s) of conservation easements held by the organiza	ition (check al	that apply)		
	Preservation of land for public use (e g , recreation or	education)	Preservation of a hi	storically im	portant land area
	Protection of natural habitat		Preservation of a ce	ertified histo	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	lified conserva	ation contribution in the for	m of a cons	ervation easement on the last
	day of the tax year		`		Held at the End of the Tax Year
а	Total number of conservation easements			2	2a
b	Total acreage restricted by conservation easements			2	2b
С	Number of conservation easements on a certified historic st	tructure includ	ded in (a)	2	2c
d	Number of conservation easements included in (c) acquired	d after 7/25/06	, and not on a historic stru	cture	
	listed in the National Register			_2	2d
3	Number of conservation easements modified, transferred, re	eleased, extin	guished, or terminated by t	he organiza	ition during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is lo	cated 🕨	_	
5	Does the organization have a written policy regarding the pe	eriodic monito	ring, inspection, handling o	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 co	nservation	easements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violat	ions, and enforcing conser	vation ease	ments during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) about	ove satisfy the	requirements of section 17	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conserva-	tion easemen	ts in its revenue and expen	se statemei	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financi	al statements that describe	s the organ	ization's accounting for
	conservation easements			0:1 0:	
Pai	t III Organizations Maintaining Collections	•	<u>-</u>	Other Sir	milar Assets.
	Complete if the organization answered "Yes" on Forr			•	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not 1	to report in its revenue stat	ement and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, educ	cation, or research in furthe	rance of pu	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, $\boldsymbol{\varepsilon}$	education, or i	research in furtherance of p	ublic servic	e, 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 tro	easures, or ot	her similar assets for financ	al gain, pro	ovide
	the following amounts required to be reported under SFAS $^{\circ}$	116 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1)	> \$
h	Assets included in Form 990, Part X			ì	▶ \$

		TY EMERGEN							<u> 1728341</u>	
L	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	signific	ant use of	its collection	items
	(check all that apply)									
٠a	Public exhibition	C	<u>, </u>		hange progr	ams				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	ın how t	hey further t	he organızat	ion's exe	empt p	urpose in f	Part XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	ır asse	ts		
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	rt IV Escrow and Custodial Arran	-	ete if the	e organizatio	n answered	"Yes" or	n Form	990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	 -							<u>-</u>	
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?								└── Yes	└── No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table				- 		
							-	- 	Amount	
С	Beginning balance						ļ.	lc		
d	Additions during the year						<u> </u> -	d		
е	Distributions during the year							e		
f	Ending balance							lf		
	Did the organization include an amount on F						•		Yes	∐_ No
	b f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII									
Pai	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back_	(d) In	ree years ba	ick (e) Four	ears back
	Beginning of year balance		<u> </u>	·						
	Contributions		-		<u> </u>					
	Net investment earnings, gains, and losses						_			
	Grants or scholarships		<u> </u>		<u> </u>					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		<u> </u>			_				
	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as.					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses.	ession of the organiz	ation th	at are neid a	na aaministe	erea for t	ne org	anization	٦	
	by									res No
	(i) unrelated organizations								3a(i)	
L	(ii) related organizations			Nahadula DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	lunus						
	Complete if the organization answere) Part I	/ line 11a S	See Form 990	Dort Y	line 1	n		
	Description of property	(a) Cost or o		(b) Cost			ccumu		(d) Dool:	value
	Description of property	basis (investr		(b) Cost		· · ·	precia	l l	(d) Book	value
10	Lond	Dasis (investi	none,		<u> </u>		procia		72	603
	Land				3,603. 0,159.		221	994.		,603. ,165.
	Buildings			60	0,100.	<u> </u>	<u> </u>	774.	5/6	, <u>103.</u>
	Leasehold improvements			1 5	6,476.		130	392.	26	,084.
	Equipment			12	0,410.		100	134.		,004.
	Other Add lines 1a through 1e (Column (d) must e	gual Form 000 Port	Y colum	nn (R) line 1	0c.)				677	,852.
i otal.	, maa iires Ta uriougii Te (Colulliii (u) Illust e	quai i Ollii 330, Päll	n, colui	וווופ, וען וווו	UC /				U / /	10040

Scheaule L	(Form 990) 2018	COMMONTIL
Part VII	Investments -	Other Securities

Complete if the organization answered "Yes" of	on Form 990. Part IV. Ir	e 11b See Form 99	D. Part X. line 12
(a) Description of security or category (including name of security)	(b) Book value		valuation Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		_	-
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12)			The state of the s
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c See Form 99	D, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<u></u>	
(9)		(v . s covo / v iii . s v	The second of th
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d See Form 99	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
			
		<u></u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	3		<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, Im		rm 990, Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Foderel recent torre			

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col (B)	line 25) • .	

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

Schedule D (Form 990) 2018

Rant XI Reconciliation of Revenue per Audited Financial		ue per Return.
Complete if the organization answered "Yes" on Form 990, Part I		,
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	e 12) I Statamenta With Evnen	5 2,629,166.
Part XII Reconciliation of Expenses per Audited Financia		ises per neturii.
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a	1 2,625,175.
1 Total expenses and losses per audited financial statements		1 2,023,173.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	ا مم ا	2008 A
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c 2d	
d Other (Describe in Part XIII)	_ 2d	2e 0.
e Add lines 2a through 2d		3 2,625,175.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1		3 2,023,173t
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	[40]	4c 0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 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, F	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 provi		,
	,	
PART X, LINE 2:		
	T11001/5	TD GEORGE 501/G\/2\
THE ORGANIZATION IS EXEMPT FROM FEDERAL	INCOME TAX UNDE	R SECTION 501(C)(3)
OF MAR TAMBERALL PRIMITING CODE AC A DEC	TITE BUE ODCANIE	AMION DOEC NOW DAY
OF THE INTERNAL REVENUE CODE. AS A RES	SULT, THE ORGANIZ	LATION DOES NOT PAI
ERDEDAL INCOME MAY MURDERODE NO DROUT	TON OR TTARTITMY	FOR FERENZIAL INCOME
FEDERAL INCOME TAX. THEREFORE NO PROVIS	SION OR LIABILITY	FOR FEDERAL INCOME
TAXES HAS BEEN INCLUDED IN THE FINANCIA	I. STATEMENTS	
TAKES HAS BEEN INCHODED IN THE PINANCIP	THE STATEMENTS:	
		•
	-	
MANAGEMENT HAS DETERMINED THAT THE ORGA	NIZATION DOES NO	T HAVE ANY
UNCERTAIN TAX POSITIONS AND ASSOCIATED	UNRECOGNIZED BEN	EFITS THAT
MATERIALLY IMPACT THE FINANCIAL STATEME	ENTS OR RELATED D	SCLOSURES.
·	· -	
THE ORGANIZATION'S FEDERAL INFORMATIONA	<u>L RETURNS ARE SU</u>	BJECT TO
•		
<u>EXAMINATION BY THE IRS, GENERALLY FOR T</u>	HREE YEARS AFTER	
832054 10-29-18		Schedule D (Form 990) 2018

Schedule D	(Form 990) 2018 Supplemental Infor	COMMUNITY	EMERGENCY	SERVICE,	INC.	41-172834	.1 Page 5
Part XIII	Supplemental Infor	mation (continued))				
•						•	
•							
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	-	<u> </u>					 -
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB, No 1545-0047	2018	Open to Public

Inspection

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

Employer identification number 41-1728341		tton	X Yes No		t IV, line 21, for any		(h) Purpose of grant or assistance					Schedule I (Form 990) (2018)
		istance, and the selec			'es" on Form 990, Paı		(g) Description of noncash assistance					
		for the grants or ass			ınızatıon answered "Y		(f) Method of valuation (book, EMV, appraisal, other)					
		grantees' eligibility		d States	Complete if the orga	pep	(e) Amount of non-cash assistance					
TMC		or assistance, the		funds in the Unite	Governments.	onal space is nee	(d) Amount of cash grant				listed in the line 1 table	
SERVICE		amount of the grants		oring the use of grant	zations and Domestic	be duplicated if additi	(c) IRC section (if applicable)					ions for Form 990.
EMERGENC	nd Assistance	o substantiate the	tance?	cedures for monit	Jomestic Organiz	5,000 Part II can	(b) EIN				nd government or	see the Instructi
Name of the organization COMMINITY EMERGENCY	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				2 Enter total number of section 501 (c)(3) and government organizations	1 ~

COMMUNITY EMERGENCY SERVICE, INC. Schedule I (Form 990) (2018)

Page 2

41-1728341

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 Part III

מייי מייי מייי מייי מיייי					•
(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	FWV OR INDUSTRY	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	(b), and any other a	dditional information	
SCHEDULE I PART III					
GRANTS ARE RECEIVED THROUGHOUT THE YEAR,		SOME MONTHLY WHILE OTHERS ONCE	Y WHILE OT	HERS ONCE	
A YEAR AND REVIEWED BY THE FINANCI	FINANCIAL DEPARMENT	•	DOCUMENTATION	IS KEPT	
FOR INCOMING NON-CASH FOOD DONATIONS W	NS WITH	ITH REGULAR IN	IN HOUSE WORKBOOKS	KBOOKS TO	
DOCUMENT INCOMING AND OUTGOING DISTRIBUTION.	TRIBUTIC	AS	CASH DISBURSEMENTS	MENTS ARE	
RECEIVED, THEY ARE COMPARED TO THE GRANT APPLICATION AND THE AREA	GRANT A	PPLICATION	AND THE A	REA OF	
FUNDING REQUESTED BY THE DONOR FOR COMPLIANCE.	COMPLIA		RECORDS ARE KEPT TO	рт то	
ENSURE CORRECT DOCUMENT EXPENDITURES	3	ITH REGULAR MONITORING,	J	WHICH MAY	
INCLUDE REPORTS AND SITE VISITS.					

Schedule I (Form 990) COMMUNITY EMERGENCY SERVICE, INC. 41-1728341 Page 2 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

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	COMMUNITY EM	<u>IERGENC</u>	Y SERVICE	, INC.	41	-1728341
Pa	rt[] Types of Property	,		,		
		(a) Check if	(b) Number of	(c) Noncash contribution		(d) determining
٠		applicable	contributions or	amounts reported on		ribution amounts
			items contributed	Form 990, Part VIII, line 1g		
1	Art · Works of art					
2	Art · Historical treasures					
3	Art · Fractional interests					
4	Books and publications					1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
5	Clothing and household goods	X		29,470.	ESTIMATED	FMV
6	Cars and other vehicles				<u> </u>	
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests		İ		<u> </u>	
12	Securities - Miscellaneous				*	· ·
13	Qualified conservation contribution -		1	•	}	
	Historic structures					
14	Qualified conservation contribution - Other			<u> </u>		
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 \blacktriangleright ($\underline{T-1B}$ SCRUBBER)	X	1		ESTIMATED	FMV
26	Other \blacktriangleright (2005 FORD ESC)	X	1	· 2,125.	ESTIMATED	FMV
27	Other • ()			· 	,	<u></u>
28	Other (
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions		
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29		
	·					Yes No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, lines 1 throu	gh 28, that it	
	must hold for at least three years from the date	e of the initia	il contribution, and	which isn't required to be u	sed for	
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II					
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31 X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash		
	contributions?					32a X
b	If "Yes," describe in Part II					
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	cked,	
	describe in Part II					

Schedu	<u> Jle M</u>	I (Form 990) 2018 COMMUNITY	EMERGENCY	SERVICE,	INC.	41-1/28341	Page 2
Part		Supplemental Information. Pr is reporting in Part I, column (b), the nu this part for any additional information	ovide the information	on required by Part ons, the number of	I, lines 30b, 32b, and 3 items received, or a con	3, and whether the organi nbination of both Also co	zation mplete
•							
				_			
		<u> </u>	- .				
							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY EMERGENCY SERVICE,

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 Employer identification number COMMUNITY EMERGENCY SERVICE, INC. 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 (HIH) 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 **Employer identification number** COMMUNITY EMERGENCY SERVICE, INC. 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 & 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.

Schedu	e O (Form 990 or 990-EZ) (2018)	Page 2
Name o	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 I	EMPLOYEES TO THE
EXEC	UTIVE COMMITTEE. SALARY RECOMMENDATIONS ARE DETERMINE	ED BY EMPLOYEE
PERF	ORMANCE AND AN INFORMAL ANALYSIS OF WAGES OFFERED BY	SIMILAR
ORGA	NIZATIONS AS DETERMINED BY THE EXECUTIVE DIRECTOR. TH	HE EXECUTIVE
COMM	ITTEE REVIEWS THE SALARY RECOMMENDATIONS, MAKES ADJUS	STMENTS IF
NECE	SSARY AND RECOMMENDS A FINAL LEVEL LIST FOR EXECUTIVE	COMMITTEE
<u>APPR</u>	OVAL. THE BOARD REVIEWS WAGES AS PART OF THE BUDGET A	APPROVAL PROCESS.
FORM	990, PART VI, SECTION C, LINE 19:	
THE	ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTERST POLICY
AND	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REC	QUEST.
		