Form 990-EZ

# Short Form 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 1545-1150 **2016** 

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Condent protection continued to the contraction of the contraction	Ā			lendar year, or tax year beginning $oct 1$ , 2016, and ending $sext{Sex}$	2 30	,	2017
Name characteristics   COMMUNITY STEPPING STONES INC   Sep-3547077   Name and states (of Po Des. A main and edifferent of states address)   Recombusion	۴			C Name of organization		D Employer is	ientification number
Total return   The control of the	H	4	. •	COMMUNITY STEPPING STONES INC	1	59-35	47077
Total contributions   Total   ERIVER COVE ST   A   (81.3) 515-4929	H	₹ .	-				
Application pending   TAMPA   Factural Other (specify)   FIL 33604   F Group Exemption Number   Application pending   TAMPA   FIL 33604   F Group Exemption   TAMPA   F	F	╡		1101 E RIVER COVE ST		(813)	515-4929
Accounting Method   Cash   Accrual Other (specify)   Holes   Check   X  if the organization is not required to attach Schedule Street   Website:   www.communitysteppingstones.org   Holes	┢	┥			7		-
Second   S	H	4		TAMBA FI 22604	り	F Group Ex	emption ▶
Website: * www.communitysteppingstones.org   Taxexempt status (check only one) -   X   501(c)     501(c)     4(neet no)   4947(a)(1) or   527     K   Form of organization:     Corporation     Trust   Association   Other     L   Add lines 58, 6c, and 70 to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   S   128, 424     Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1)     Check if the organization used Schedule 0 to respond to any question in this Part     1   118, 824     2   Program service revenue including government fees and contracts   2   9, 500     3   Membership dues and assessments   3   3   4   1   1   1   1   1   1   1   1   1	늗				Charle		
Tax-exempt status (check only one) =	ı		•				
K Form of organization: Si Corporation  Trust  Association  Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  \$ 128,424.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 if greater than inventory is a Gross amount from sale of assets other than inventory is a Gross amount from sale of assets other than inventory is a Gross income from fundraising events a great than \$15,000 to \$ 6 a \$ 6							
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16 Other expenses (describe in Schedule O)	P	13	Profession	nal fees and other payments to independent contractors \	. \SE	\. 13	
16 Other expenses (describe in Schedule O)	N	14	Occupano	y, rent, utilities, and maintenance	سبلبيار	.\ . 14	
16 Other expenses (describe in Schedule O)	E	15		ublications, postage, and shipping ໄດ້ປຸ່ ໄດ້ປຸ	ķ. <u> </u>	<b>\</b>	
17 Total expenses. Add lines 10 through 16	5	16		enses (describe in Schedule O)	6 Other Ex	penses 16	14.117
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	-			. > 17	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_	-					
21 Net assets or fund balances at end of year. Combine lines 18 through 20	A S S S	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-)	year		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ΤĘ	20	-			<u> </u>	11,481.
	3	1				<b></b>	20 204
	BA	<u>.                                      </u>			• • •		Form <b>990-EZ</b> (2016)

9-10

Form 990-EZ (2016) COMMUNITY ST	EPPING STONES INC		59	-354	47077 Page 2
Part II Balance Sheets (see the	instructions for Part II)				
Check if the organization used S	chedule O to respond to any ques	stion in this Part II			<u>x</u>
		<u> </u>	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			349	. 22	6,496.
23 Land and buildings		·	0	. 23	0.
24 Other assets (describe in Schedule O	)	٠,١١٠٠ [	15,571	. 24	21,808.
25 Total assets			15,920	. 25	28,304.
26 Total liabilities (describe in Schedule			4,439	. 26	0.
27 Net assets or fund balances (line 27	of column (B) must agree with li	ne 21)	11,481	. 27	28,304.
Check if the organization used	ce Accomplishments (see the i Schedule O to respond to any qu	estion in this Part III		(Req	Expenses uired for section 501
What is the organization's primary exempt purpose?  Describe the organization's program service measured by expenses in a clear and concenited, and other relevant information for	TO BUILD A STRONG COMM e accomplishments for each of its isse manner, describe the services r each program title.	UNITY FOR UNDER F three largest program so s provided, the number of	RIVELEGED KIDS ervices, as of persons	orga	) and 501(c)(4) nizations; optional thers.)
WE BUILD STRONGER COMMUNITIES BY TO IMPLEMENT AND MANAGE OUR OF TAMPA, SULPHUR SPRINGS. (Grants S 0 0 1)	<u>ART_INTERVENTION_PROGRAMS</u>	<u>IN_THE_LOWEST_INCO</u> LE_BENEFITED_FROM	ME NEIGHBORHOOD THIS PROGRAM.	28 a	F2 441
29				200	53,441.
30	If this amount includes foreign gr			29 a	
(Grants \$ )  Other program services (describe in S	If this amount includes foreign gr	ants, cneck nere	• • • • • • • • • • • • • • • • • • • •	30 a	
				24 -	
(Grants \$ )  32 Total program service expenses (a)	If this amount includes foreign gr			31 a	<del></del>
				32	53,441.
	ors, Trustees, and Key En				
(a) Name and title	Schedule O to respond to any qu  (b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hoolth honofite	s, vee	(e) Estimated amount of other compensation
ARTHUR KEEBLE CHAIR	10.00	0		0.	0.
JOHN BRAUMULLER		†···	1		
TREASURER	5.00		.	0.	0.
KAREN MESS FRASHIER			<u> </u>		<u></u>
PAST CHAIR	5.00		ı <u>.</u> İ	0.	0.
GARY GIBBONS			<u> </u>		
BOARD MEMBER	5.00			_0.	
KIMBERLY FINN			•		
BOARD MEMBER	5.00	٠ .	. <u> </u>	_0.	0.
LINDA SAUL SENA	J. 00	<del> </del>	· <del> </del>		<del> </del>
BOARD MEMBER	5.00	c	, 1	0.	0.
JULI MILAS	3.00	<del>                                     </del>	<u>'- </u>		
BOARD MEMBER	5.00	c		0.	0.
CHARLES LYMAN		<del>                                     </del>		<u> </u>	<del>                                     </del>
	 5.00	c	. ]	_0.	0.
BOARD MEMBER		<del> </del>	<del>'                                    </del>		J
DENESE METEYE			. 1	_0.	_
BOARD MEMBER	5.00	<del></del>	<del>'                                    </del>	<u> </u>	0.
CARILINE SERRA		1		^	_
BOARD MEMBER	5.00		<u> </u>	0.	0.
SARAH HOWARD		i	1		1

BOARD MEMBER

ERIC\_COMAS\_\_

ADVISORY BOARD MEMBER

CAROLYN KOSSAR ADVISORY BOARD MEMBER

See List of Officers, Directors, Trustees, & Key Employees Stmt

0.

0

0.

5.00

5.00

5.00

0

0.

0.

0.

0.

Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
		Yes I	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>X</u>
(such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		<del></del>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		-	
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c		<u>X</u>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.		_	الـــــــــــــــــــــــــــــــــــــ
b Did the organization file Form 1120-POL for this year?	37b	<b>-</b>	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If Yes,' complete Schedule L, Part II and enter the total amount involved			
39 Section 501(c)(7) organizations. Enter:			1
a Initiation fees and capital contributions included on line 9		ĺ	ì
b Gross receipts, included on line 9, for public use of club facilities			.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	Î		1
section 4911 ; section 4912 ; section 4955 ; section 4955	. 1		-
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	400		<u>X</u>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	1		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			, , , , , , , , , , , , , , , , , , ,
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		-   <del>-</del>	نــــــــــــــــــــــــــــــــــــــ
o / in organization / it diffy diffo doring the tax year) was the organization a party to a province			v
shelter transaction? If 'Yes,' complete Form 8886-T	40 e	L	<u>X</u>
shelter transaction? If 'Yes,' complete Form 8886-T	40e		<u>x</u>
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u>x</u>
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u> </u>
shelter transaction? If 'Yes,' complete Form 8886-T		4929	_
shelter transaction? If 'Yes,' complete Form 8886-T	515-		<u> </u>
shelter transaction? If 'Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42a The organization's books are in care of MICHELLE SEARS  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	515-		 No_
shelter transaction? If 'Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42 a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515-		<u> </u>
shelter transaction? If Yes, complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42a The organization's books are in care of MICHELLE SEARS  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	515-		 No_
shelter transaction? If Yes, complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42 a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515- 		 No_
shelter transaction? If Yes, complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42 a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515- 42b	Yes	 No_
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shelter transaction? If Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed Florida  42a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515-	Yes	 No_
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See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  List the states with which a copy of this return is filed  Florida  Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515-	Yes	No X
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Shelter transaction? If Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42 a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515- 42b 42c	Yes	No X
Shelter transaction? If 'Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filled Florida  42 a The organization's books are in care of MICHELLE SEARS Telephone no. (813)  Located at 1101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	515- 42b 42c	Yes	No X
Shelter transaction? If 'Yes,' complete Form 8886-T.  42 a The organization's books are in care of books are in ca	515- 42b 42c	Yes	No X
See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; or other financial account; if 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?	515- 42b 42c	Yes	No X
Shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed Florida  42a The organization's books are in care of MICHELLE SEARS Located at 1101 E RIVER COVE, STE A TAMPA  BAI any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	515- 42b 42c	Yes	No X
42a The organization's books are in care of MICHELLE SEARS  Located at 101 ERIVER COVE, STE A TAMPA  BALANGE THE organization to a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country:  See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	515- 42b 42c 44a	Yes	No X
### Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year? If Yes,' Form 990 must be completed instead of Form 990-EZ.  ### To general completed instead of Form 990-EZ.  ### Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ.  ### Complete Services of Completed Services our payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?	42b 42c 44a 44b	Yes	No X
42a The organization?  42a The organization's books are in care of MICHELLE SEARS Telephone no. [813]  Located at 101 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 44a 44b	Yes	No X
42a The organization's fire yes, complete Form 8886-T.  41 List the states with which a copy of this return is filed Florida  42a The organization's books are in care of MICHELLE SEARS Telephone no. (813) Located at 1001 E RIVER COVE, STE A TAMPA FL ZIP+4 33604  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes are a explanation in Schedule O	42b 42c 44a 44b	Yes	No X
### Seetion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  ### Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990-EZ  ### Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  ### Did the organization receive any payments for indoor tanning services during the year?  #### Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42b 42c 44a 44b 44c 44d 45a	Yes	No X X X X X X X X X X X X X X X X X X X
shelter transaction? If 'Yes,' complete Form 8886-T.  1 List the states with which a copy of this return is filed Florida  1 List the states with which a copy of this return is filed Florida  1 List the states with which a copy of this return is filed Florida  1 Localed at Liberta Revenue Reve	42b 42c 44a 44b 44c	Yes	No X X X X X X X X X X X X X X X X X X X

Form 990-E	Z (2016) COMMUNITY STEPPING	STONES_INC		59-354	7077	Р	age 4
						Yes	No
	ne organization engage, directly or indirectly						1
	dates for public office? If 'Yes,' complete So		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · ·	46	<u> </u>	<u> </u>
Part VI							
	All section 501(c)(3) organization for lines 50 and 51.	s must answer que	stions 47-49b and 5	2, and complete the	tables		
		<b>-</b>					
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI	· · · · · · · · · · · · · · · · · · ·			للن
47 Did th	ne organization engage in lobbying activities	or have a section 501()	n) election in effect during	the tax vear? If 'Yes.'		Yes	No
	lete Schedule C, Part II				47		x
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(ii)? If Yo	es,' complete Schedule E		48		Х
49 a Did th	ne organization make any transfers to an ex	empt non-charitable rela	ited organization?		49 a		Х
	s,' was the related organization a section 52						
	plete this table for the organization's five hig				key		
emple	oyees) who each received more than \$100,	000 of compensation fro	m the organization. If the	re is none, enter 'None.'			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE		<del></del>					
		<u> </u>					
	<del></del>	<del></del>					
		<del> </del>					
f Total	number of other employees paid over \$100	,000 0					
51 Comp	plete this table for the organization's five hig	hest compensated inder	pendent contractors who	each received more thar	1\$100,000 o	f	
comp	ensation from the organization. If there is no	one, enter 'None.'					
	(a) Name and business address of each independent conf	tractor	(b) Type o	of service	(c) Comp	ensation	1
NONE							
					<u></u>		
<b>_</b>							
			<u> </u>		<u> </u>		
	number of other independent contractors ea	_			0		
	ne organization complete Schedule A? <b>Note</b> leted Schedule A\	e: All section 501(c)(3) or	-	a	XYes	٦	No
<del>`</del>	s of perjury, I declare that I have examined this return, incl	<del></del>		of my knowledge and belief it is	. [168		
true, correct, ar	nd complete Declaration of preparer (other than officer) is	based on all information of which	h preparer has any knowledge.				
				12/08/17			
Sign	Signature of officer			Date			
Here	ARTHUR KEEBLE			BOARD MEMBER			
	Type or print name and title	Omnanda signatura	I nata		TIN		
	Print/Type preparer's name	Preparer's signature	Date	Check if	TIN		
Paid	EDWIN A PINZON	EDWIN A PINZON	<del></del>	7 self-employed p	0141358	<u>8</u>	
Preparer	Firm's name ► <u>Accounting &amp; Cor</u>		sionals, LLC				
Use Only	Firm's address ► 2004 W. Busch B	lvd		Firm's EiN	<u>51-0668</u>		
	Tampa		FL_33612	Phone no (81			
May the IRS	S discuss this return with the preparer show	n above? See instruction	ns	· · · · · · · · · · · · · · · · · · ·	.► XYes	L	No
					Form 990	)-EZ (	2016)

## **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer Identification number

		NITY STEPPING STONE					59-354707		
Part	Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	rga	nization is not a private foundat	ion because it is: (For	lines 1 through 12, chec	k only on	e box.)		_	
1	L	A church, convention of church	nes, or association of c	churches described in se	ection 17	'0(b)(1)(	A)(i).		
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	0 or 990-	-EZ).)	1	<b>( )</b>	
3		A hospital or a cooperative hos	spital service organizat	tion described in <b>sectio</b> r	า 170(b)(	1)(A)(iii)	) <b>.</b>		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's						he hospital's		
	name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
•	X	in section 170(b)(1)(A)(vi). (0	Complete Part II)		governn	nental ui	nit or from the general pu	ublic described	
8	L	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)					
9		An agricultural research organ				-	_		
	-	or university or a non-land-gra	nt college of agriculture	e (see instructions). Ente	er the nai	me, city,	and state of the college	or	
	_	university:							
10		An organization that normally from activities related to its exinvestment income and unreladune 30, 1975. See section 5	empt functions—subjected business taxable in 09(a)(2). (Complete Pa	et to certain exceptions, a ncome (less section 511 art III.)	and (2) nata tax) from	o more t n busine:	han 33-1/3% of its supposses acquired by the org	ort from gross	
11	L	An organization organized and	operated exclusively	to test for public safety.	See <b>sect</b>	ion 509	(a)(4).		
12 a		An organization organized and or more publicly supported org lines 12a through 12d that des <b>Type I.</b> A supporting organization(s) the power to re	anizations described in cribes the type of supp ion operated, supervis	n section 509(a)(1) or so porting organization and ed, or controlled by its s	ection 5 complete upported	<b>09(a)(2)</b> . e lines 1: l organiz	. See <b>section 509(a)(3).</b> 2e, 12f, and 12g. ation(s), typically by givi	Check the box in	
ı.		complete Part IV, Sections A	and B.				.,		
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	ı organization vested ir	trolled in connection with the same persons that	ontrol c	orted or or manag	ganization(s), by having ge the supported organiz	control or cation(s). You	
С		Type III functionally integrat organization(s) (see instruction	ed. A supporting orgar ns). You must comple	nization operated in conr ete Part IV, Sections A,	nection w <b>D, and E</b>	nth, and ≣.	functionally integrated w	rith, its supported	
d	L	Type III non-functionally inte functionally integrated. The orginstructions). You must comp	canization generally m	ust satisfy a distribution	connecti requirem	ion with ent and	its supported organization an attentiveness require	on(s) that is not ement (see	
8		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the II	RS that if	t is a Typ	oe I, Type II, Type III fun	ctionally	
f	En	ter the number of supported on				<i>.</i>			
g	Pr	ovide the following information a	about the supported or	ganization(s).					
	i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(lv) is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
				··· <del>-</del>	165	NO			
/A\									
<u>(A)</u>	_				<del> </del>	<del></del>			
/D\						}	1		
<u>(B)</u>	_							<del></del>	
(C)									
<u>(D)</u>									
<u>(E)</u>									
Total		<del></del> :							

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

· • • • • • • • • • • • • • • • • • • •	Colod to access the consider Doort III lift than
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organizatio	n failed to quality under Part III. II the
(Complete only if you checked the box on line 3, 7, 5, 5 of 5 of 1 are 1 of a trace of garnesas	, ranca to quarry
organization fails to qualify under the tests listed below, please complete Part III.)	
organization tails to quality under the tests listed below, please complete Fait iii.)	
organization land to quality arrangement and the second	

sect	on A. Public Support		_ <del></del>	· <del></del>		<del></del>	
egin	dar year (or fiscal year ning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not nctude any 'unusual grants.')	80,295.	133,016.	170,027.	162,910.	118,824.	665,072.
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	80,295.	133,016.	170,027.	162,910.	118,824.	665,072.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						665,072.
Sect	ion B. Total Support		·			·	
Caler begin	dar year (or fiscal year ning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	80,295.	133,016.	170,027.	162,910.	118,824.	665,072.
	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources				:		
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						665,072.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)		· · · · · · · · · · · · · · · · · · ·	12	
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sed	ion 501(c)(3)	▶ [
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201	6 (line 6, column (f	) divided by line 11	, column (f))		14	100.00%
	Public support percentage from 20						100.00%
	33-1/3% support test—2016. If the and stop here. The organization of	qualifies as a public	ly supported organ	nization			
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a public	not check a box or cly supported orga	i line 13 or 16a, an nization	d line 15 is 33-1/3	% or more, check th	nis box
17a	10%-facts-and-circumstances to or more, and if the organization methor the organization meets the 'facts-a						▶ [
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a i qualifies as a pub	ing s <b>top nere.</b> Exp dicly supported org	ganization	· · · · · · • [
18		zation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this bo	and see instruction	ns
BAA				-	Sc	hedule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY STEPPING STONES INC

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

	(Complete only if you check						
500	fails to qualify under the tes	ts listed below, ple	ease complete Part	II.)	<del></del>		
	tion A. Public Support	() 00/0	1 (1) 0040	4-3-004-4	(4) 2045	1 1 1 2 2 2 2	(0 T-1-1
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees  received. (Do not include  any 'unusual grants.')	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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			,		i	
5	The value of services or facilities furnished by a governmental unit to the organization without charge			/			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						1
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		<del>  -/ -  </del>	•			
С 8	Add lines 7a and 7b Public support. (Subtract line		1		<del>-</del>		<del> </del>
	7c from line 6.)	<u> </u>	/			<u> </u>	<u> </u>
Sec	tion B. Total Support	,					
		<del></del>	·			<del>,                                    </del>	<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a b c 11	Amounts from line 6	s for the organizati	ion's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12	Amounts from line 6	s for the organizati top here blic Support F	ion's first, second, t	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	s for the organizati top here	ion's first, second, t	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organizati top here blic Support F 6 (line 8, column (i	ion's first, second, t Percentage f) divided by line 13 art III, line 15	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organizati top here	Percentage f) divided by line 13 art III, line 15 me Percentage	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	► ☐ 
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	s for the organizati top here	ion's first, second, terms of the second of	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	► □
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	s for the organizati top here	ion's first, second, temperature  Percentage  f) divided by line 13 art III, line 15  me Percentage  Dlumn (f) divided by  A, Part III, line 17	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	► □
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	s for the organizati top here.  blic Support F 6 (line 8, column (incompart Incompart	ion's first, second, terminal second of the contage	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	► ☐
9 10a b c 11 12 13 14 Sec 17 18 19a b	Amounts from line 6	s for the organization here.  blic Support Fe (line 8, column (column for the column for the column for the column for the organization discount for the organization dischedule the organization disc	ion's first, second, terminal process of the contage of the contag	hird, fourth, or fifth  column (f))  line 13, column (f)  on line 14, and line ion qualifies as a in line 14 or line 1 ganization qualifie	n tax year as a section.  The 15 is more than publicly supported 9a, and line 16 is not as as a publicly supported supported supported supported supported 9a, and line 16 is not as as a publicly supported s	tion 501(c)(3)	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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 Organization	ns
--	----

eci	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		<b></b>
С	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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 <b>Part VI</b> .	9a	. ,	
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 <b>Part VI</b> .	9b	<del>.</del>	
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 <b>Part VI</b> .	9c	23,27.4	
l0a	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.	10a		
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.)	10b	<i>-</i>	

_	hedule A (Form 990 or 990-EZ) 2016 COMMUNITY STEPPING STONES INC	59-3547077	F	Page
Pε	art IV   Supporting Organizations (continued)		-	
44	4. Hair the engaineting and the first of the fall of t	<del></del>	Yes	No
	<ul> <li>Has the organization accepted a gift or contribution from any of the following persons?</li> <li>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?</li> </ul>	, the		
	· · · · · · · · · · · · · · · · · · ·			-
	<ul> <li>b A family member of a person described in (a) above?</li> <li>c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI.</li> </ul>	11b		
Sa	ection B. Type I Supporting Organizations			<u> </u>
<u> </u>	Chon D. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' des <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's actif the organization had more than one supported organization, describe how the powers to appoint and/or remodurectors or trustees were allocated among the supported organizations and what conditions or restrictions, if a applied to such powers during the tax year.	cribe in ivities. ove	165	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If Yes,' explain in Part VI how providing supporting organization of the supported organization of that operated, supervised, or controlled the supporting organization.			
Sei	ection C. Type II Supporting Organizations			L
	The state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management supporting organization was vested in the same persons that controlled or managed the supported organization	of the		
20		1(5).	<u> </u>	L
<b>J</b>	ection D. All Type III Supporting Organizations		Yes	No
			163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			 
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations plain this regard.	t		} 
Se	ction E. Type III Functionally Integrated Supporting Organizations		•	<u>-</u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (so a The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	·		
2	2 Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of th supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those su organizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities constitu	pported was		
	substantially all of its activities.	2a	L	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reason the organization's position that its supported organization(s) would have engaged in these activities but for the	ns for		,
	organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees each of the supported organizations? <i>Provide details in Part VI.</i>	of 3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	h of its		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>ganıza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 2 must co	0, 1970 (explain in Part VI) implete Sections A through	. See
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
6	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		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, <u>, , , , , , , , , , , , , , , , , , </u>	<del></del>
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	から養養機能がある。	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions).	ited Type		n

Schedule A (Form 990 or 990-EZ) 2016

	COMMONITY BIBLING B			17011
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	Section D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
<u>d</u>	From 2014			*
Ө	From 2015		and the state of t	a management of the contract o
f	Total of lines 3a through e			, 
g	Applied to underdistributions of prior years			^
h	Applied to 2016 distributable amount	an v an t-tanner 4		
i	Carryover from 2011 not applied (see instructions)			*
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			1
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any.  Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		. 4	· "克克"和
8	Breakdown of line 7:		1 1 majertija (ce ce	- 4 + 640 t - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
а			4.80 St. 1	1 151
b	Excess from 2013	ŧ		r v v

BAA

C Excess from 2014 . . .

e Excess from 2016 . . .

d Excess from 2015 . . .

Schedule A (Form 990 or 990-EZ) 2016

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5 2<sub>9</sub> 3

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.)

## **SCHEDULE O** (Form 990 or 993-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY STEPPING STONES INC

Employer identification number

59-3547077