Short Form Return of Organization Exempt From Income Tax

2016

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning AUGUST 1 , 2016, and ending	JULY 31	, 20 17					
	heck if ap		ployer ident	ification number					
	Address c	hange COMMUNITY RESOURCE ORIENTED SUPERVISION SERVICES INC 61-	1372822	!					
·	Name cha		E Telephone number						
=	Initial retur	1/09 JEFFERSON ST	5543600)					
=	Final retun Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemp	tion					
=	Application	(Stair)	mber 🕨						
			▶ X if th	ne organization is not					
	Vebsite			Schedule B					
JT	ax-exen	npt status (check only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 (Form	990, 990-E	Z, or 990-PF)					
		organization X Corporation Trust Association Other							
LA	dd lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	3						
(Pai	rt II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	141,342.44					
P	art í	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions fo	or Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I		X					
	1	Contributions, gifts, grants, and similar amounts received	1						
	2	Program service revenue including government fees and contracts	2	141,342.17					
	3	Membership dues and assessments	3						
	4	Investment income	4	0.27					
	5a	Gross amount from sale of assets other than inventory 5a							
	b	Less cost or other basis and sales expenses							
	С	r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c							
	6	Gaming and fundraising events	1.						
	а	Gross income from gaming (attach Schedule G if greater than							
J.		\$15,000)]						
Revenue	b	<u> </u>							
Se .		from fundraising events reported on line 1) (attach Schedule G if the							
1		sum of such gross income and contributions exceeds \$15,000).]						
	С	Less: direct expenses from gaming and fundraising events 6c	_						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
	ļ	line 6c)	6d	0.00					
	7a	Gross sales of inventory, less returns and allowances	4						
~	b	Less: cost of goods sold							
2018	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00					
	8	Other revenue (describe in Schedule O)	8						
<u>@</u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	141,342.44					
V ==]	(Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members	10	<u> </u>					
S	11		11						
	12	Salaries, other compensation, and employee benefits	12	103,266.41					
	13	Professional fees and other payments to independent contractors NOV 2 9. 2017.	13	3,802.00					
	14	Occupancy, rent, utilities, and maintenance	14	16,687.84					
	15	Printing, publications, postage, and shipping	15	3,064.57					
C.	16	Other expenses (describe in Schedule O)	16	17,951.51					
<u> </u>		Total expenses. Add lines 10 through 16	17	144,772.33					
Ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,429.89					
Net Assets	19	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)	10	12 000 00					
	20		19	13,223.81					
Se	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.702.00					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,793.92					

For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t II Balance Sheets (see the instructions to					
	Check if the organization used Schedule	O to respond to an	y question in this			X
	2			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		• • •	8,083.86		6,121.89
23	Land and buildings		•	5,318.20	24	3,797.0
24 25	Other assets (describe in Schedule O) Total assets		•	13,402.06		9,918.90
26	Total liabilities (describe in Schedule O)	ROLL TAXES WIT	HHELD	178.25		124.98
27	Net assets or fund balances (line 27 of column	n (B) must agree with	line 21)	13,223.81		9,793.92
Par		plishments (see th	e instructions for	Part III)		
	Check if the organization used Schedule	O to respond to ar	y question in this	Part III 🔲	(Da	Expenses
Wha	is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each of	its three largest	program services,		anizations, optional for ers)
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	services provide	d, the number of	Othe	#15 <i>)</i>
	SEE ATTACHED	acti program title			 	
20	DEE ATTACHED					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	28a	102,883.43
29						
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	▶ ⊔	29a	-
30						
	(Grants \$) If this amount	includes foreign gra	nts check here	▶ □	30a	,
31	Other program services (describe in Schedule O)	includes foreign gra	ino, oncok nore			<u>- </u>
•		includes foreign gra	nts, check here	▶ □	31a	a
32	Total program service expenses (add lines 28a				32	102,883.43
Par	List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			., .	· · · <u>·</u>
	(a) Marria and Mila	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)) Estimated amount of
ļ	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS (If not paid, enter -0-			other compensation
CHR	ISTY D PARKHILL- EXECUTIVE DIR		(ii iioc paia, oiiioi o	, , , , , , , , , , , , , , , , , , , ,	+	
	UCAH KY	45.00	52,472.3	8 0.0	0	0.00
	AS NEIHOFF					
	UCAH KY	0.50	0.0	0.0	0	0.00
ЈОН	N M HALICKS		·			
PAD	UCAH KY	3.00	3,802.0	0.0	0	0.00
		_				
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		-1				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			\Box
	instructions for Part V) Check if the organization used Schedule S to respond to any question in this	T all	Yes	No
33 (Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		ж
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		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
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		
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	35c		х
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 0.00			 <u></u>
b 38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		X
004	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	000		
39	Section 501(c)(7) organizations. Enter.]		
а	Initiation fees and capital contributions included on line 9	_		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00			
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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1.02		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е /	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed ▶ NONE			· —
42a	The organization's books are in care of ▶ JOHN M HALICKS Telephone no ▶ 270		-360	0
	Located at ▶ 161 BRETT CHASE PADUCAH KY ZIP + 4 ▶ 4200)3	14	
D	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)?	42b	Yes	No X
	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: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	a		
-	completed instead of Form 990-EZ	44b		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-5	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		x

Preparer's signature

Date

Here

Paid

Preparer

Use Only

JOHN M HALICKS TREASURER

May the IRS discuss this return with the preparer shown above? See instructions

Type or print name and title

Print/Type preparer's name

Firm's name

Firm's address ▶

☐ Yes ☐ No

PTIN

Check I If

self-employed

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the o	rganization					Employer identification	n number	
COMMUNITY	RESOURCE ORIENTED ST					61-1372822		
Part I	Reason for Public Cha						ons.	
-	ation is not a private founda		-		-	•	$\wedge \cap$	
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
	chool described in section							
	ospital or a cooperative hos nedical research organization						(:::\	
hos	spital's name, city, and state	e:						
sec	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.)							
7 🗀 An	ederal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its supp				n the general public	
8 🗌 A c	community trust described in	n section 170(b))(1)(A)(vi). (Complete f	⊃art II.)				
or uni	agricultural research organi university or a non-land-gra versity:	nt college of agr	culture (see instruction	ons) Ente	r the nan	ne, city, and state of	the college or	
rec sur	organization that normally repts from activities related port from gross investment quired by the organization a	to its exempt fu income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its	
	organization organized and	-		-				
	organization organized and							
	one or more publicly suppo eck the box in lines 12a thro							
a 🗌	Type I. A supporting organithe supported organization	zation operated (s) the power to	, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo jority of t	rted organization(s),	typically by giving	
L [supporting organization Y	•						
D	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.							
c 🗆	Type III functionally integ its supported organization(ally integrated with,	
d 🗌	Type III non-functionally it that is not functionally integrequirement (see instruction	grated The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
e 🗌	Check this box if the organ functionally integrated, or 7						e II, Type III	
	r the number of supported o							
	ide the following information			T				
(i) Nam	e of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)							-	
Total						0.00	,0,00	

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)

	in the organization rand to quality				····		
	on A. Public Support	() 0040	7. 7040	(-) 004.4	40.0045	() 0040	(D. T.)
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	207,655.11	200,484.92	178,693.31	143,942.63	141,342.17	872,118.14
2	sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					. <u> </u>	
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				ļ		
	organization without charge						
6	Total. Add lines 1 through 5.	207,655.11	200,484.92	178,693.31	143,942.63	141,342.17	872,118.14
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			S. 12 S. 12			
	line 6)	<u> </u>	137	A A CALL	1 2 4 4 4 4 4 5 6	一门记忆	872,118.14
	on B. Total Support	,				ı	
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	207,655.11	200,484.92	178,693.31	143,942.63	141,342.17	872,118.14
10a	Gross income from interest, dividends						
	payments received on securities loans, rents,						
	royalties and income from similar sources	0.78	0.72	0.72	0.72	0.27	3.21
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С		0.78	0.72	0.72	0.72	0.27	3.21
11	Net income from unrelated business					1	
	activities not included in line 10b, whether						
	or not the business is regularly carried on			 	 	ļ	
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
40	(Explain in Part VI)				 		
13	and 12.)					}	872,121.35
14	First five years. If the Form 990 is for t	he organization	n's first secor	d third fourth	or fifth tax v	ear as a sectio	
1-4	organization, check this box and stop he	-					▶ □
Secti	on C. Computation of Public Suppo						<u>-</u>
15	Public support percentage for 2016 (line			13. column (f))		15	100.00%
16	Public support percentage from 2015 Sc		•			16	100.00 %
	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2016			ov line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 201					40	0 %
19a	331/3% support tests—2016. If the organ	nization did not	t check the ho	x on line 14. a			
134							
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizat	
h	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests—2015. If the organi						
b	331/3% support tests-2015. If the organi	zation did not o	check a box on	line 14 or line	19a, and line 10	3 is more than	33¹/₃% , and
b 20		zation did not o box and stop l	check a box on nere. The organ	line 14 or line nization qualifie	19a, and line 16 s as a publicly s	6 is more than 3 supported organ	33¹/₃%, and nization ► []

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**16**

2016
Open to Public

Department of the Treasury Internal Revenue Service

► 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.

form990. Inspection

Name of the organization	Employer identification number
COMMUNITY RESOURCE ORIENTED SUPERVISION SERVICES INC	61-1372822
FORM 990EZ - PAGE I PART I LINE 16 - OTHER EXPENSES	
DEPRECIATION \$1521.19	
INSURANCE 7240.40	
PAYROLL TAXES 9174.92	
mayer order 15 00	
TAXES - OTHER 15.00	
TOTAL OTHER EXPENSE 17951.51	
	·····